

# MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new orders are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	<b>POST-ANESTHESIA CARE UNIT (PACU) STANDING ORDER SET (ADULT)</b>		
1.	<b>VS:</b> Per recovery protocol (Kimbrough Ambulatory Care Center (KACC) SOP PC 6).		
	<b>IV FLUIDS:</b>		
2.	LR/NS TKO or maintenance @ _____ cc/hr.		
	<b>PAIN MEDICATIONS:</b>		
3.	MSO4: _____ mg IVP increments q10 mins up to _____ mg PRN to control pain.		
4.	Demerol: _____ mg q10 mins up to _____ mg PRN shivering and/or pain.		
5.	Fentanyl: _____ mcg IVP increments q5 mins up to _____ mcg PRN to control pain.		
6.	Toradol: 30mg IVP x 1 PRN pain.		
	<b>ANTIEMETICS:</b>		
7.	Zofran: 4mg IVP PRN x 1 for N/V. May repeat x 1 after 15 minutes.		
8.	Anzemet: 12.5mg IVP PRN x 1 for N/V. May repeat x 1 after 15 minutes.		
9.	Droperidol: 0.625mg IVP PRN x 1 for N/V. May repeat x 1 after 30 minutes.		
10.	Reglan: 10mg slow IVP PRN x 1 for N/V.		
11.	Phenergan: 6mg IVP PRN x 1 for N/V.		
	<b>OXYGEN THERAPY:</b>		
12.	Titrate FiO2 to maintain SaO2 $\geq$ 95%. DCd when awake and SaO2 $\geq$ 95%.		
13.	Humidified oxygen blowby upon arrival to PACU.		
	<b>MISCELLANEOUS:</b>		
14.	Call anesthesiologist or CRNA for SBP < _____ or > _____ ; DBP < _____ or		
	DBP > _____ ; HR < _____ or > _____ ; RR < _____ or > _____ ;		
	SaO2 < 95%.		
15.	Patient is ASA _____ and [may] [may not] be discharged to the Same Day Surgery unit		
	when recovery criteria are met per protocol. (KACC SOP PC 6.)		
	DATE: _____ TIME: _____		
	Anesthesia provider's signature: _____		

PATIENT IDENTIFICATION

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Nursing Unit \_\_\_\_\_ Room No. \_\_\_\_\_ Bed No. \_\_\_\_\_ Page No. \_\_\_\_\_